

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be referred to as
5 Charlie's Law.

6 Section 5. The State Employees Group Insurance Act of 1971
7 is amended by changing Section 6.11 as follows:

8 (5 ILCS 375/6.11)

9 Sec. 6.11. Required health benefits; Illinois Insurance
10 Code requirements. The program of health benefits shall provide
11 the post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t of
13 the Illinois Insurance Code. The program of health benefits
14 shall provide the coverage required under Sections 356g,
15 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
16 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
17 356z.14, 356z.15, 356z.17, ~~and~~ 356z.22, and 356z.25 of the
18 Illinois Insurance Code. The program of health benefits must
19 comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and
20 370c.1 of the Illinois Insurance Code.

21 Rulemaking authority to implement Public Act 95-1045, if
22 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure
2 Act and all rules and procedures of the Joint Committee on
3 Administrative Rules; any purported rule not so adopted, for
4 whatever reason, is unauthorized.

5 (Source: P.A. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;
6 99-480, eff. 9-9-15.)

7 Section 10. The Counties Code is amended by changing
8 Section 5-1069.3 as follows:

9 (55 ILCS 5/5-1069.3)

10 Sec. 5-1069.3. Required health benefits. If a county,
11 including a home rule county, is a self-insurer for purposes of
12 providing health insurance coverage for its employees, the
13 coverage shall include coverage for the post-mastectomy care
14 benefits required to be covered by a policy of accident and
15 health insurance under Section 356t and the coverage required
16 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
17 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
18 356z.14, 356z.15, ~~and~~ 356z.22, and 356z.25 of the Illinois
19 Insurance Code. The coverage shall comply with Sections
20 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
21 Code. The requirement that health benefits be covered as
22 provided in this Section is an exclusive power and function of
23 the State and is a denial and limitation under Article VII,
24 Section 6, subsection (h) of the Illinois Constitution. A home

1 rule county to which this Section applies must comply with
2 every provision of this Section.

3 Rulemaking authority to implement Public Act 95-1045, if
4 any, is conditioned on the rules being adopted in accordance
5 with all provisions of the Illinois Administrative Procedure
6 Act and all rules and procedures of the Joint Committee on
7 Administrative Rules; any purported rule not so adopted, for
8 whatever reason, is unauthorized.

9 (Source: P.A. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;
10 99-480, eff. 9-9-15.)

11 Section 15. The Illinois Municipal Code is amended by
12 changing Section 10-4-2.3 as follows:

13 (65 ILCS 5/10-4-2.3)

14 Sec. 10-4-2.3. Required health benefits. If a
15 municipality, including a home rule municipality, is a
16 self-insurer for purposes of providing health insurance
17 coverage for its employees, the coverage shall include coverage
18 for the post-mastectomy care benefits required to be covered by
19 a policy of accident and health insurance under Section 356t
20 and the coverage required under Sections 356g, 356g.5,
21 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
22 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and
23 356z.25 of the Illinois Insurance Code. The coverage shall
24 comply with Sections 155.22a, 355b, 356z.19, and 370c of the

1 Illinois Insurance Code. The requirement that health benefits
2 be covered as provided in this is an exclusive power and
3 function of the State and is a denial and limitation under
4 Article VII, Section 6, subsection (h) of the Illinois
5 Constitution. A home rule municipality to which this Section
6 applies must comply with every provision of this Section.

7 Rulemaking authority to implement Public Act 95-1045, if
8 any, is conditioned on the rules being adopted in accordance
9 with all provisions of the Illinois Administrative Procedure
10 Act and all rules and procedures of the Joint Committee on
11 Administrative Rules; any purported rule not so adopted, for
12 whatever reason, is unauthorized.

13 (Source: P.A. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;
14 99-480, eff. 9-9-15.)

15 Section 20. The School Code is amended by changing Section
16 10-22.3f as follows:

17 (105 ILCS 5/10-22.3f)

18 Sec. 10-22.3f. Required health benefits. Insurance
19 protection and benefits for employees shall provide the
20 post-mastectomy care benefits required to be covered by a
21 policy of accident and health insurance under Section 356t and
22 the coverage required under Sections 356g, 356g.5, 356g.5-1,
23 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
24 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and 356z.25 of the

1 Illinois Insurance Code. Insurance policies shall comply with
2 Section 356z.19 of the Illinois Insurance Code. The coverage
3 shall comply with Sections 155.22a and 355b of the Illinois
4 Insurance Code.

5 Rulemaking authority to implement Public Act 95-1045, if
6 any, is conditioned on the rules being adopted in accordance
7 with all provisions of the Illinois Administrative Procedure
8 Act and all rules and procedures of the Joint Committee on
9 Administrative Rules; any purported rule not so adopted, for
10 whatever reason, is unauthorized.

11 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
12 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

13 Section 25. The Illinois Insurance Code is amended by
14 adding Section 356z.25 as follows:

15 (215 ILCS 5/356z.25 new)

16 Sec. 356z.25. Coverage for treatment of pediatric
17 autoimmune neuropsychiatric disorders associated with
18 streptococcal infections and pediatric acute onset
19 neuropsychiatric syndrome. A group or individual policy of
20 accident and health insurance or managed care plan that is
21 amended, delivered, issued, or renewed after the effective date
22 of this amendatory Act of the 100th General Assembly shall
23 provide coverage for treatment of pediatric autoimmune
24 neuropsychiatric disorders associated with streptococcal

1 infections and pediatric acute-onset neuropsychiatric
2 syndrome, including, but not limited to, the use of intravenous
3 immunoglobulin therapy.

4 If, at any time, the Secretary of the United States
5 Department of Health and Human Services, or its successor
6 agency, promulgates rules or regulations to be published in the
7 Federal Register or publishes a comment in the Federal Register
8 or issues an opinion, guidance, or other action that would
9 require the State, pursuant to any provision of the Patient
10 Protection and Affordable Care Act (Public Law 111-148),
11 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
12 successor provision, to defray the cost of any coverage for
13 pedsiatric autoimmune neuropsychiatric disorders associated
14 with streptococcal infections and pediatric acute onset
15 neuropsychiatric syndrome outlined in this Section, then the
16 requirement that an insurer cover pediatric autoimmune
17 neuropsychiatric disorders associated with streptococcal
18 infections and pediatric acute onset neuropsychiatric syndrome
19 is inoperative other than any such coverage authorized under
20 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and
21 the State shall not assume any obligation for the cost of
22 coverage for pediatric autoimmune neuropsychiatric disorders
23 associated with streptococcal infections and pediatric acute
24 onset neuropsychiatric syndrome.

25 Section 30. The Health Maintenance Organization Act is

1 amended by changing Section 5-3 as follows:

2 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

3 (Text of Section before amendment by P.A. 99-761)

4 Sec. 5-3. Insurance Code provisions.

5 (a) Health Maintenance Organizations shall be subject to
6 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
7 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
8 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
9 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
10 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
11 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,
12 356z.22, 356z.25, 364.01, 367.2, 367.2-5, 367i, 368a, 368b,
13 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
14 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
15 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,
16 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois
17 Insurance Code.

18 (b) For purposes of the Illinois Insurance Code, except for
19 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
20 Maintenance Organizations in the following categories are
21 deemed to be "domestic companies":

22 (1) a corporation authorized under the Dental Service
23 Plan Act or the Voluntary Health Services Plans Act;

24 (2) a corporation organized under the laws of this
25 State; or

1 (3) a corporation organized under the laws of another
2 state, 30% or more of the enrollees of which are residents
3 of this State, except a corporation subject to
4 substantially the same requirements in its state of
5 organization as is a "domestic company" under Article VIII
6 1/2 of the Illinois Insurance Code.

7 (c) In considering the merger, consolidation, or other
8 acquisition of control of a Health Maintenance Organization
9 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

10 (1) the Director shall give primary consideration to
11 the continuation of benefits to enrollees and the financial
12 conditions of the acquired Health Maintenance Organization
13 after the merger, consolidation, or other acquisition of
14 control takes effect;

15 (2) (i) the criteria specified in subsection (1) (b) of
16 Section 131.8 of the Illinois Insurance Code shall not
17 apply and (ii) the Director, in making his determination
18 with respect to the merger, consolidation, or other
19 acquisition of control, need not take into account the
20 effect on competition of the merger, consolidation, or
21 other acquisition of control;

22 (3) the Director shall have the power to require the
23 following information:

24 (A) certification by an independent actuary of the
25 adequacy of the reserves of the Health Maintenance
26 Organization sought to be acquired;

1 (B) pro forma financial statements reflecting the
2 combined balance sheets of the acquiring company and
3 the Health Maintenance Organization sought to be
4 acquired as of the end of the preceding year and as of
5 a date 90 days prior to the acquisition, as well as pro
6 forma financial statements reflecting projected
7 combined operation for a period of 2 years;

8 (C) a pro forma business plan detailing an
9 acquiring party's plans with respect to the operation
10 of the Health Maintenance Organization sought to be
11 acquired for a period of not less than 3 years; and

12 (D) such other information as the Director shall
13 require.

14 (d) The provisions of Article VIII 1/2 of the Illinois
15 Insurance Code and this Section 5-3 shall apply to the sale by
16 any health maintenance organization of greater than 10% of its
17 enrollee population (including without limitation the health
18 maintenance organization's right, title, and interest in and to
19 its health care certificates).

20 (e) In considering any management contract or service
21 agreement subject to Section 141.1 of the Illinois Insurance
22 Code, the Director (i) shall, in addition to the criteria
23 specified in Section 141.2 of the Illinois Insurance Code, take
24 into account the effect of the management contract or service
25 agreement on the continuation of benefits to enrollees and the
26 financial condition of the health maintenance organization to

1 be managed or serviced, and (ii) need not take into account the
2 effect of the management contract or service agreement on
3 competition.

4 (f) Except for small employer groups as defined in the
5 Small Employer Rating, Renewability and Portability Health
6 Insurance Act and except for medicare supplement policies as
7 defined in Section 363 of the Illinois Insurance Code, a Health
8 Maintenance Organization may by contract agree with a group or
9 other enrollment unit to effect refunds or charge additional
10 premiums under the following terms and conditions:

11 (i) the amount of, and other terms and conditions with
12 respect to, the refund or additional premium are set forth
13 in the group or enrollment unit contract agreed in advance
14 of the period for which a refund is to be paid or
15 additional premium is to be charged (which period shall not
16 be less than one year); and

17 (ii) the amount of the refund or additional premium
18 shall not exceed 20% of the Health Maintenance
19 Organization's profitable or unprofitable experience with
20 respect to the group or other enrollment unit for the
21 period (and, for purposes of a refund or additional
22 premium, the profitable or unprofitable experience shall
23 be calculated taking into account a pro rata share of the
24 Health Maintenance Organization's administrative and
25 marketing expenses, but shall not include any refund to be
26 made or additional premium to be paid pursuant to this

1 subsection (f)). The Health Maintenance Organization and
2 the group or enrollment unit may agree that the profitable
3 or unprofitable experience may be calculated taking into
4 account the refund period and the immediately preceding 2
5 plan years.

6 The Health Maintenance Organization shall include a
7 statement in the evidence of coverage issued to each enrollee
8 describing the possibility of a refund or additional premium,
9 and upon request of any group or enrollment unit, provide to
10 the group or enrollment unit a description of the method used
11 to calculate (1) the Health Maintenance Organization's
12 profitable experience with respect to the group or enrollment
13 unit and the resulting refund to the group or enrollment unit
14 or (2) the Health Maintenance Organization's unprofitable
15 experience with respect to the group or enrollment unit and the
16 resulting additional premium to be paid by the group or
17 enrollment unit.

18 In no event shall the Illinois Health Maintenance
19 Organization Guaranty Association be liable to pay any
20 contractual obligation of an insolvent organization to pay any
21 refund authorized under this Section.

22 (g) Rulemaking authority to implement Public Act 95-1045,
23 if any, is conditioned on the rules being adopted in accordance
24 with all provisions of the Illinois Administrative Procedure
25 Act and all rules and procedures of the Joint Committee on
26 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-437,
3 eff. 8-18-11; 97-486, eff. 1-1-12; 97-592, eff. 1-1-12; 97-805,
4 eff. 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14;
5 98-1091, eff. 1-1-15.)

6 (Text of Section after amendment by P.A. 99-761)

7 Sec. 5-3. Insurance Code provisions.

8 (a) Health Maintenance Organizations shall be subject to
9 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
10 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
11 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
12 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
13 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
14 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,
15 356z.22, 356z.25, 364, 364.01, 367.2, 367.2-5, 367i, 368a,
16 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403,
17 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
18 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,
19 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois
20 Insurance Code.

21 (b) For purposes of the Illinois Insurance Code, except for
22 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
23 Maintenance Organizations in the following categories are
24 deemed to be "domestic companies":

25 (1) a corporation authorized under the Dental Service

1 Plan Act or the Voluntary Health Services Plans Act;

2 (2) a corporation organized under the laws of this
3 State; or

4 (3) a corporation organized under the laws of another
5 state, 30% or more of the enrollees of which are residents
6 of this State, except a corporation subject to
7 substantially the same requirements in its state of
8 organization as is a "domestic company" under Article VIII
9 1/2 of the Illinois Insurance Code.

10 (c) In considering the merger, consolidation, or other
11 acquisition of control of a Health Maintenance Organization
12 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

13 (1) the Director shall give primary consideration to
14 the continuation of benefits to enrollees and the financial
15 conditions of the acquired Health Maintenance Organization
16 after the merger, consolidation, or other acquisition of
17 control takes effect;

18 (2) (i) the criteria specified in subsection (1) (b) of
19 Section 131.8 of the Illinois Insurance Code shall not
20 apply and (ii) the Director, in making his determination
21 with respect to the merger, consolidation, or other
22 acquisition of control, need not take into account the
23 effect on competition of the merger, consolidation, or
24 other acquisition of control;

25 (3) the Director shall have the power to require the
26 following information:

1 (A) certification by an independent actuary of the
2 adequacy of the reserves of the Health Maintenance
3 Organization sought to be acquired;

4 (B) pro forma financial statements reflecting the
5 combined balance sheets of the acquiring company and
6 the Health Maintenance Organization sought to be
7 acquired as of the end of the preceding year and as of
8 a date 90 days prior to the acquisition, as well as pro
9 forma financial statements reflecting projected
10 combined operation for a period of 2 years;

11 (C) a pro forma business plan detailing an
12 acquiring party's plans with respect to the operation
13 of the Health Maintenance Organization sought to be
14 acquired for a period of not less than 3 years; and

15 (D) such other information as the Director shall
16 require.

17 (d) The provisions of Article VIII 1/2 of the Illinois
18 Insurance Code and this Section 5-3 shall apply to the sale by
19 any health maintenance organization of greater than 10% of its
20 enrollee population (including without limitation the health
21 maintenance organization's right, title, and interest in and to
22 its health care certificates).

23 (e) In considering any management contract or service
24 agreement subject to Section 141.1 of the Illinois Insurance
25 Code, the Director (i) shall, in addition to the criteria
26 specified in Section 141.2 of the Illinois Insurance Code, take

1 into account the effect of the management contract or service
2 agreement on the continuation of benefits to enrollees and the
3 financial condition of the health maintenance organization to
4 be managed or serviced, and (ii) need not take into account the
5 effect of the management contract or service agreement on
6 competition.

7 (f) Except for small employer groups as defined in the
8 Small Employer Rating, Renewability and Portability Health
9 Insurance Act and except for medicare supplement policies as
10 defined in Section 363 of the Illinois Insurance Code, a Health
11 Maintenance Organization may by contract agree with a group or
12 other enrollment unit to effect refunds or charge additional
13 premiums under the following terms and conditions:

14 (i) the amount of, and other terms and conditions with
15 respect to, the refund or additional premium are set forth
16 in the group or enrollment unit contract agreed in advance
17 of the period for which a refund is to be paid or
18 additional premium is to be charged (which period shall not
19 be less than one year); and

20 (ii) the amount of the refund or additional premium
21 shall not exceed 20% of the Health Maintenance
22 Organization's profitable or unprofitable experience with
23 respect to the group or other enrollment unit for the
24 period (and, for purposes of a refund or additional
25 premium, the profitable or unprofitable experience shall
26 be calculated taking into account a pro rata share of the

1 Health Maintenance Organization's administrative and
2 marketing expenses, but shall not include any refund to be
3 made or additional premium to be paid pursuant to this
4 subsection (f)). The Health Maintenance Organization and
5 the group or enrollment unit may agree that the profitable
6 or unprofitable experience may be calculated taking into
7 account the refund period and the immediately preceding 2
8 plan years.

9 The Health Maintenance Organization shall include a
10 statement in the evidence of coverage issued to each enrollee
11 describing the possibility of a refund or additional premium,
12 and upon request of any group or enrollment unit, provide to
13 the group or enrollment unit a description of the method used
14 to calculate (1) the Health Maintenance Organization's
15 profitable experience with respect to the group or enrollment
16 unit and the resulting refund to the group or enrollment unit
17 or (2) the Health Maintenance Organization's unprofitable
18 experience with respect to the group or enrollment unit and the
19 resulting additional premium to be paid by the group or
20 enrollment unit.

21 In no event shall the Illinois Health Maintenance
22 Organization Guaranty Association be liable to pay any
23 contractual obligation of an insolvent organization to pay any
24 refund authorized under this Section.

25 (g) Rulemaking authority to implement Public Act 95-1045,
26 if any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure
2 Act and all rules and procedures of the Joint Committee on
3 Administrative Rules; any purported rule not so adopted, for
4 whatever reason, is unauthorized.

5 (Source: P.A. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;
6 99-761, eff. 1-1-18.)

7 Section 35. The Limited Health Service Organization Act is
8 amended by changing Section 4003 as follows:

9 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

10 Sec. 4003. Illinois Insurance Code provisions. Limited
11 health service organizations shall be subject to the provisions
12 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,
13 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,
14 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,
15 356z.10, 356z.21, 356z.22, 356z.25, 368a, 401, 401.1, 402, 403,
16 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA,
17 VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the
18 Illinois Insurance Code. For purposes of the Illinois Insurance
19 Code, except for Sections 444 and 444.1 and Articles XIII and
20 XIII 1/2, limited health service organizations in the following
21 categories are deemed to be domestic companies:

22 (1) a corporation under the laws of this State; or

23 (2) a corporation organized under the laws of another
24 state, 30% or ~~of~~ more of the enrollees of which are

1 residents of this State, except a corporation subject to
2 substantially the same requirements in its state of
3 organization as is a domestic company under Article VIII
4 1/2 of the Illinois Insurance Code.

5 (Source: P.A. 97-486, eff. 1-1-12; 97-592, 1-1-12; 97-805, eff.
6 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091,
7 eff. 1-1-15; revised 10-5-16.)

8 Section 40. The Voluntary Health Services Plans Act is
9 amended by changing Section 10 as follows:

10 (215 ILCS 165/10) (from Ch. 32, par. 604)

11 Sec. 10. Application of Insurance Code provisions. Health
12 services plan corporations and all persons interested therein
13 or dealing therewith shall be subject to the provisions of
14 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
15 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
16 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
17 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
18 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
19 356z.19, 356z.21, 356z.22, 356z.25, 364.01, 367.2, 368a, 401,
20 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
21 and (15) of Section 367 of the Illinois Insurance Code.

22 Rulemaking authority to implement Public Act 95-1045, if
23 any, is conditioned on the rules being adopted in accordance
24 with all provisions of the Illinois Administrative Procedure

1 Act and all rules and procedures of the Joint Committee on
2 Administrative Rules; any purported rule not so adopted, for
3 whatever reason, is unauthorized.

4 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-486,
5 eff. 1-1-12; 97-592, eff. 1-1-12; 97-805, eff. 1-1-13; 97-813,
6 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

7 Section 95. No acceleration or delay. Where this Act makes
8 changes in a statute that is represented in this Act by text
9 that is not yet or no longer in effect (for example, a Section
10 represented by multiple versions), the use of that text does
11 not accelerate or delay the taking effect of (i) the changes
12 made by this Act or (ii) provisions derived from any other
13 Public Act.

14 Section 99. Effective date. This Act takes effect upon
15 becoming law.